

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Direct Selling Empowers Americans</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00564997         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Cedar Rapids Gazette</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            10 / 05 / 2014         </div>	
Mailing Address 501 2nd Ave SE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           2880.00         </div>	
City Cedar Rapids	State IA	Zip Code 52401	<b>Transaction ID : SE.4222</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 24 / 2014         </div>
Purpose of Expenditure Media buy		Category/ Type 004	
Name of Federal Candidate Joni Ernst		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">         16917.49       </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►

Full Name of Payee <b>Des Moines Register</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            10 / 05 / 2014         </div>	
Mailing Address 400 Locust St		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           11499.86         </div>	
City Des Moines	State IA	Zip Code 50309	<b>Transaction ID : SE.4220</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 24 / 2014         </div>
Purpose of Expenditure Media buy		Category/ Type 004	
Name of Federal Candidate Joni Ernst		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">         13529.25       </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         14379.86       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         _____       </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         _____       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Adolfo Franco*

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 2 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Direct Selling Empowers Americans</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564997	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Strategic Media Services</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2014</b>	
Mailing Address 1911 North Fort Myer Dr Suite 400		Amount <b>2029.39</b>	
City Arlington	State VA	Zip Code 22209	Transaction ID : <b>SE.4221</b>
Purpose of Expenditure Media buy	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>	
Name of Federal Candidate Joni Ernst		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Strategic Media Services</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2014</b>	
Mailing Address 1911 North Fort Myer Dr Suite 400		Amount <b>508.24</b>	
City Arlington	State VA	Zip Code 22209	Transaction ID : <b>SE.4223</b>
Purpose of Expenditure Media buy	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>	
Name of Federal Candidate Joni Ernst		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>2537.63</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>16917.49</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adolfo Franco

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 06 / 2014**

Signature